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ABSTRACT

The central theme of this paper is that the potential for effective teaching is significantly increased by a teacher's exploring and employing a pupil's social background knowledge. This paper identifies some theoretical assumptions, describes categories and approaches of social diagnosis, and offers teaching applications. The concept of social background derives from the view that each person has a unique social history of events and influences. Important social and educational variables can be organized into six general diagnostic categories: (1) Schooling background; (2) Family background; (3) Physical health; (4) Social Skills; (5) Perceptual skills and organization (to determine the basic learning style of a pupil); and (6) Personal preferences. One of the most important informal methods is direct and unobtrusive observation of a pupil at different times and settings. Another approach is holding weekly conferences with each pupil. Dialogue with parents can be productive if they do not feel threatened. One of the most important aids in analyzing a pupil's social background is to devise some simple record keeping system. To respond to a pupil's diagnosed needs, a teacher should relate specific diagnostic data to specific instructional content, materials, and methods. Diagnostic factors are not excuses for a pupil's deficiencies; for diagnosis identifies problems to be attacked with new and concentrated remedies. (Author/AM)

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ANALYZING THE SOCIAL BACKGROUND OF A PUPIL

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This paper will investigate some purposes and strategies for a teacher studying and utilizing the social background of a pupil. The central theme of this essay is that the potential for effective teaching is significantly increased by a teacher's exploring and employing a pupil's social background knowledge. This treatise will initially identify some theoretical assumptions; then categories and approaches of social diagnosis will be described; and finally some teaching applications will be offered.

The concept of social background derives from the view that each person has a unique social history of events and influences. A person is a complexity of socially learned roles, language, and values. Each person's knowledge and self-concept are socially constructed. Knowledge of objective realities, personal meanings, and self-worth are developed by specific interactions with others.

A teacher intervenes in the middle of a pupil's social world. A pupil brings consciousness of past experiences and interpretations to each educational occasion. Teaching is viewed here as, not merely the teaching of academic subjects, but the teaching of the whole person, including a pupil's language, habits, behaviors, and cognitive and emotional style. Since the self-concept, motivation and involvement of a pupil are critical factors in an educational transaction, teaching should strive to be related to a pupil's interests, needs, and familiar life experiences and meanings.

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By infusing teaching with diagnosis, a teacher can obtain data about a pupil's characteristics. A diagnoser is a person who can assess the relevant dimensions of an individual's learning situation by identifying specific strengths and weaknesses that can aid or interfere with a pupil's achievement and personal growth. Diagnostic teaching is identifying, analyzing, and synthesizing a person's behaviors and their probable causes and effects.

Educational diagnosis has often been narrowly preoccupied with a pupil's academic behavior while tending to omit analyses of a whole person's social world. Many academic problems have their roots in social factors; and a teacher is concerned with both academic and social growth. Diagnostic teaching can be too impersonal and rigid, reducing a person to quantitative labels. Tests and measurements of academic performance can play a significant role in evaluating a pupil; but diagnosis is incomplete and frequently inaccurate without analyzing the social background of a pupil. When the roles of psychologists, social workers and specialists in federally funded programs are confined to a proliferation of formal testing and statistical profiles, a teacher must be a social diagnostician. A teacher analyzes individuals from many perspectives and by informal diagnostic approaches in order to provide some insight about a pupil's social influences and emotional meanings.

Several cautions should be noted about diagnostic teaching. While diagnosis should help a teacher to overcome erroneous surface impressions, prejudices, or prior labels about a pupil, a teacher must also beware of other errors. Diagnosis should be consistent with a rigorous scientific attitude and method of finding continuous evidence for the existence, the extent, and the causes of a problem. One of the most prevalent errors is for a teacher to be satisfied with the adequacy or accuracy of initial diagnostic data, especially test results; for such data tend to be superficial labels unless accompanied by explanations and interpretations. There are also widespread instances of teachers over-extending conclusions from

one observation of a social factor toward the positing of an exaggerated negative label. Such surface labels are especially destructive in light of evidence that negative teacher expectations tend to become self-fulfilling prophecies. Diagnosis must include specific behaviors, details, examples and corrobative evidence. Analysis of the social background of a pupil should be ongoing and open to additions and revisions.

There are many relevant topical areas that can be considered by a teacher in diagnosing the social background of a pupil. One of the purposes of this paper is to classify pupil characteristics into some organized system that can be used by teachers in diagnosing. Important social and educational variables can be organized into six general diagnostic categories: 1) schooling background, 2) family background, 3) physical health, 4) social skills, 5) perceptual skills and organization, and 6) personal preferences.

In reference to schooling background, the following topics can be considered: number of years in school, achievement levels, groupings, best subject, problem academic areas, language skills, reading skills, computational skills, feelings toward school, learning sytle and motivational style. A teacher can also assess the degree of the following work skills: involvement, independence, attention, frustration, discipline, and peer interaction. Some of the factors that can be explored concerning family background are: socioeconomic status, adult models in the home, number of siblings, place of residence, and some of the hobbies, value priorities, and careers of each parent. A family's race and ethnicity can be diagnosed for its personal importance, degree of pride, awareness of history and customs, and its influences on a pupil's language. Variables of a pupil's physical health include: general physical appearance, general physical condition, specific disabilities, special abilities, coordination, sight hearing, allergies, and medications. In regard to social skills a teacher may explore the following personality charac-

teristics: security, happiness, trust, autonomy, self-adjustment, initiative, risk, control, self-display, aggression, compulsivity, inhibition, withdrawal, anxiety, hostility, apathy and restlessness. The diagnostic category of perceptual skills and organization may be one of the critical areas for more teachers to attend to in order to determine the basic learning style of a pupil in respect to: auditory functions, visual functions, tactile functions, motor functions, non-verbal cognitive functions and verbal language functions. In the final diagnostic category of personal preferences, many of a pupil's significant community influences are revealed, including: value priorities, beliefs, religious influences, prejudices, fears, best friends, enemies, heroes, adult models, work, responsibilities, career aspirations, and a pupil's favorite television programs, music, sports, reading, hobbies, and games.

A teacher can develop a wide range of informal diagnostic strategies. One of the most important methods is a teacher's direct and unobtrusive observations of a pupil at different times and settings. Another highly recommended approach is holding at least weekly conferences with each pupil, even if these discussions are brief in duration. A teacher should pre-structure some topics to be discussed, although younger children may spontaneously reveal their concerns. Various dittoes dealing with different diagnostic categories can be prepared to provide checklists, rank-order exercises, sentence-completion exercises and multiple-choice exercises to be completed by pupils and parents. Role playing and art experiences are also tools through which a pupil may reveal feelings and values.

Dialogue with a pupil's parent can be a productive diagnostic conference if a parent does not feel threatened. A teacher can develop positive rapport and a spirit of respect and cooperation early in a school year before any problems need to be discussed. The first conversation or letter from a teacher to a parent might include some positive diagnostic observations about a pupil's strengths. In a con-

ference with a parent, a teacher should listen attentively for parent's observations and suggestions. If a parent perceives a teacher's honesty and good will, a parent will respond candidly to questions that are both diagnostic and tactful.

One of the most important aids in analyzing the social background of a pupil is to devise some simple record-keeping systems. A notebook or ring binder of paper with the pages and pupil's names arranged alphabetically is a good example of simple and organized record-keeping, for this can be one of the most frequently used means for quickly recording and compiling brief comments about anything a teacher perceives to be important. Such informal records contribute immeasurably to the ongoing construction of diagnostic evidence.

To respond to a pupil's diagnosed needs, a teacher should relate specific diagnostic data to specific instructional content, materials and methods. Diagnostic factors are not excuses for a pupil's deficiencies; for diagnosis identifies problems to be attacked with new and concentrated remedies. Teachers can employ both formal and informal teaching approaches to meet the diagnosed factors. Social diagnosis will hopefully lead to social instructional strategies such as discussion, group projects, role play, and field trips. Social experiences in the home and community can offer aids to a pupil's motivation, understanding and personal growth. Diagnosis may have revealed personal preferences, such as readings or activities, that can provide instructional options for a pupil not achieving by typical means. A teacher can respond to diagnosed differences in a pupil's learning style by such instructional options as approaches emphasizing cognitive abstraction, approaches stressing concrete and multi-sensory experiences, approaches emphasizing the most intact sensory modality, or approaches that remediate deficient perceptual skills. Self-concept can also be increased gradually by enabling a pupil to experience personal control, tangible successes and social praise. The ultimate

goal of diagnosis and instruction is to develop a pupil's confidence and abilities to self-direct learning and personal growth.

The emphasis in this paper has been on diagnostic teaching that includes social aspects of human growth and learning. Many categories and strategies of social diagnosis have been suggested. It is hoped that further reflection on the principles and practices of analyzing the social background of a pupil will lead to increased use of this approach in teaching.